

JOINING FORCES



Joining Families

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REAL WORLD RESEARCH FOR FAMILY ADVOCACY PROGRAMS



The Co-occurrence of Child and Spouse Abuse in Families

An Interview with Dr. Ernest Jouriles

Conducted by John H. Newby, DSW

Dr. Jouriles is Professor and Chair of the Department of Psychology at Southern Methodist University in Dallas, Texas. He received his Ph.D. in psychology from the State University of New York at Stony Brook in 1987. Dr. Jouriles conducts research on children's responses to domestic

violence and why some types of marital conflict are more detrimental to children than others. Developing interventions is a primary focus of his research. His research on violence in adolescent romantic relationships focuses on developing new methods of assessing relationship violence, understanding risk factors, and evaluating preventive interventions.

Dr. Jouriles, whose publications include over 50 scientific articles and book chapters, presented at the Department of Defense Domestic Violence Intervention/Treatment Protocol Development Working Meeting. His research has been funded by numerous federal and state agencies.

In This Issue

This issue of *Joining Forces Joining Families* features the research of Dr. Ernest Jouriles, Professor and Chair of the Department of Psychology at Southern Methodist University in Dallas, Texas. Dr. Jouriles studies the co-occurrence of child maltreatment and domestic violence. His work addresses the complex issues of the assessment of child and partner maltreatment, and understanding risk factors that could lead to interventions. We then discuss the implications of his work as potential research in DoD.

The topic of *Building Bridges to Research* is cluster analysis, a technique used by Dr. Jouriles in his studies of children's responses to domestic violence. We discuss the key concepts of cluster analysis and how it relates to Dr. Jouriles' study and conclusions.

Websites of Interest provides further information on basic statistics (helpful information for the person who wants to learn definitions of statistical procedures, how they work, and how they are used), and other websites related to family violence.



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Dr. Newby: How did you get involved in research on the co-occurrence of child and spouse abuse in families?

Dr. Jouriles: My interest in this topic began in graduate school. A lot of my research involves children living in families characterized by spouse abuse or domestic violence. These children appear to be at a higher risk for problems than other children. Some of the problems are related to domestic violence. But, it became clear to many people working in this area that child maltreatment was also occurring in many of these families and was likely contributing to the children's problems.

Dr. Newby: When you use the term child abuse or child maltreatment in your work do you mean all categories of child maltreatment?

Dr. Jouriles: Typically, I do not. The type of child maltreatment focused upon in most of this research is child physical abuse. There

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The more frequent and severe the domestic violence between the parents, the more likely there is to be parental aggression toward children.

are a few studies that look at other forms of maltreatment but the vast majority address physical abuse.

Dr. Newby: How common is child maltreatment in domestically violent families?

Dr. Jouriles: There is a lot of variability in the frequency reported in the literature due to how child maltreatment is defined. However, most studies suggest that the rate is greater than 40%.

Dr. Newby: Does that 40% include families in which the violence ranges from very mild to very severe?

Dr. Jouriles: There is an association between the frequency and severity of domestic violence and the likelihood of parental aggression toward children. The more frequent and severe the domestic violence between the parents, the more likely there is to be parental aggression toward children. Most of the research on the co-occurrence of child abuse and domestic violence focuses on families that have sought help from a shelter because of the domestic violence. When such help is sought the domestic violence is often very frequent and severe.

Dr. Newby: What are some of the reasons for the co-occurrence of child abuse in families that experience spouse abuse?

Dr. Jouriles: Some of the risk factors for spouse abuse and child abuse are similar. Family variables that correlate with spouse abuse also seem to correlate with child abuse. Examples include substance abuse within the family or a history of violence in the parents' family of origin. Certain personality traits such as hostility or poor impulse control are observed in families where both spouse abuse and child abuse occur.

Dr. Newby: Are there specific issues that you consider in the assessment and treatment of families seeking help for co-occurring child and spouse abuse?

Dr. Jouriles: Yes. The assessment should include the possibility of more than one type of violence occurring in the family. More people are becoming aware of the link between domestic violence and the maltreatment of children. I am still surprised by the number of people who primarily deal with domestic violence and are reluctant to assess the situation for child maltreatment. Part of this has to do with the reporting requirements for child maltreatment. The same requirements do not apply for domestic violence. Clinicians also need to be concerned about the safety of family members. It is important to assess whether any family member is in immediate danger.

Dr. Newby: What is the priority in the treatment regimen in these families?

Dr. Jouriles: It depends on what is going on in a particular family. I am not aware of research indicating that when both child and spouse abuse are occurring, one set of problems is dealt with before others. You have to handle each individual family on a case-by-case basis.

Dr. Newby: Are you aware of any research comparing differences between incidents of child abuse in domestically violent versus non-domestically violent families?

Dr. Jouriles: I am aware of research indicating that child abuse is much more prevalent in domestically violent families compared to non-domestically violent families. Anecdotally, I can tell you that within domestically violent families, there are ways that children get abused that are directly connected to incidents of spouse abuse and domestic violence. For example,

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Jouriles Research on Child Maltreatment in the Context of Domestic Violence

James E. McCarroll, PhD

Dr. Jouriles' research has been directed toward understanding the complex relationships between domestic violence (e.g. violence directed at or between spouse or adult partners) and physical aggression toward children.

Scientific literature on family violence has documented the co-occurrence of domestic violence and child maltreatment. However, the occurrence of one does not mean that the other is automatically present (see, for example, Jouriles & LeCompte, 1991). Dr. Jouriles' research has been directed toward understanding the complex relationships between domestic violence (e.g. violence directed at or between spouse or adult partners) and physical aggression toward children.

In an early study of families in which battered mothers had requested sheltering for themselves and their children, boys were more often the victims of parental aggression than girls (Jouriles & Norwood, 1995). This aggression toward boys seemed to occur due to their tendency to exhibit more externalizing behav-

ior (e.g., oppositional, aggressive, non-compliant, rule-breaking) than girls, but this was not the whole story. Both fathers and mothers were more aggressive toward boys than toward girls. Mothers' aggression toward boys tended to be more in response to externalizing behaviors whereas fathers were more aggressive toward sons even when differences between boys' and girls' externalizing behavior was taken into account.

Further research by Jouriles and colleagues explored differences in mothers', fathers', and children's reports of parental aggression toward children (Jouriles et al., 1997). They studied families in which the parents sought clinical services for their children's behavior problems. Children reported lower levels of parental ag-

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Assessment of Domestically Violent Families: Practical Considerations Based on Research by Jouriles and Colleagues

Dr. Jouriles' research has practical implications for assessment that can be incorporated into the Army Family Advocacy Program. We offer the following points for your consideration.

- Child maltreatment should be carefully defined and assessed. It can include acts of commission (e.g., hitting, slapping, shaking) and omission (neglect). Neglect has many subcategories (medical, educational, emotional). Child maltreatment is also characterized by its context (e.g., with or without domestic violence) and its frequency and severity.
- Problems that children experience in domestically violent families do not arise solely from witnessing domestic violence. These children are also often child abuse victims. Children exposed to domestic violence should be assessed to determine (1) whether the children were victims or participants in the incident, and (2) their appraisal (understanding) of the events.
- What does a child's witnessing of domestic violence imply for assessment and treatment? Often, children intervene in domestic violence in an attempt to stop the violence. Distinguishing between parental conflicts that

are irresponsible or inappropriate versus incidents that are harmful for children can be difficult, but is important to the assessment. One must also consider the behavior of the parent to the child in making a judgment about whether the family conflict is harmful to a child.

- Reports of spouse and child maltreatment vary greatly by the reporter. Therefore, multiple sources of information are needed for the assessment. In addition, it is important to consider the child's age and developmental level.
- Is maltreatment a *within-individual* phenomenon (father abuses adult and child) or a *between individuals* phenomenon (father abuses adult partner, adult partner abuses child)?

Research suggestions

- What are the factors that predict physical aggression toward girls versus boys in distressed households (Jouriles and LeCompte, 1991)?
- Why is the battering of women associated with an increased amount of parental aggression toward sons but not daughters (Jouriles & Norwood, 1995)?

Children's perceptions of violence by parents may differ depending on the context and their appraisals of interparental conflict, which affects the existence and type of problems exhibited by children.

gression than that reported by either parent. Investigators noted that in the absence of a "gold standard", it is impossible to determine which family member reports are the most accurate. [Editor's note: See *JFJF* Volume 8, Issue 1 Fall/Winter 2004 for a definition and brief discussion of the term "gold standard."] There are many complex issues to be addressed when obtaining data from both children and parents. Family members may describe the same act of aggression differently. Children may fear punishment or removal from the family if they disclose parental abuse. There may be downward biases in parents' reports of aggression related to its severity. For example, they may be more likely to report spankings than beatings. The authors concluded that it was not possible to unambiguously determine the prevalence of aggression from a single family member's report (either parent or child). They suggested that assessment of aggression should include, at a minimum, independent reports from multiple family members and an assessment of factors that might bias their reports.

An intervention study to reduce conduct problems among children of battered women residing in shelters tested the effects of providing support to the mothers and teaching them child management skills (Jouriles et al., 2001). Assessments of child behavior were conducted at five different points over a 16-month period following the mothers' departure from the shelter. Compared to children who received usual shelter services, children in the intervention condition improved at a faster rate, the proportion of children showing clinical levels of conduct problems decreased, and mothers showed greater improvements in child management skills.

A study of the effect of witnessing interpersonal violence on 8 to 14 year old children residing in battered women's shelters found five different patterns (clusters) of child maladjustment that could reach clinical levels (Grych et al., 2000). These clusters were made up of combinations of high levels of externalizing (aggression and disruptive behavior) and internalizing (anxiety and depression) behaviors, mild distress, and no problems reported. [Editor's note: See *Building Bridges to Research: Cluster Analysis* for more detailed descriptions of the five groups.] Patterns of the clusters were similar for girls and boys. High levels of externalizing problems were much more common than internalizing problems. Children who reported clinically significant

levels of depression and anxiety (internalizing problems) were also more likely to demonstrate elevated externalizing problems, but the reverse was not true. The amount and type of aggression experienced by children and their perception of parental conflict distinguished among the groups of children. Their reports of interparental violence and parent-child aggression appeared to fit a dose-effect model, at least for fathers' behavior (father aggression toward mother and toward child).

Another finding was that mothers were less violent toward their partners than were fathers. Possible explanations for this were: 1) mothers' violence toward their spouse may be in self-defense, 2) fathers who are abusive may tend to draw away from their children and thus be viewed in a more negative light by the children, and, 3) fathers may not be biologically related to the child and may therefore be perceived differently.

Perceptions and appraisals of conflict differ both methodologically and statistically. Some reports seem to be more valid when collected from the child (e.g., internalizing feelings) whereas parents may be better raters of the child's externalizing behaviors. Finally, Jouriles' studies showed that a significant percentage of children living in shelters do not exhibit distress or signs of behavioral maladjustment. Understanding why such children continue to function well despite the stress is an important question and one on which there is little research.

Children's perceptions of violence by parents may differ depending on the context and their appraisals of interparental conflict, which affects the existence and type of problems exhibited by children (Jouriles, et al., 2000). In this research, children were asked to report their own appraisals of interparental conflict using three measures: self-blame, threat, and fear of abandonment. Self-blaming correlated with mothers' reports of externalizing child problems. All three measures correlated with child self-reports of anxiety and depression. Importantly, child age moderated relations between the report of the children and mother's reports of child adjustment problems. (Editors Note: See *JFJF* Volume 8, No. 3, Summer 2005 for a discussion of mediators and moderators in statistical procedures.)

The authors stressed the importance of considering children's appraisals in a developmental framework and that age should be

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Building Bridges to Research: Cluster Analysis

James E. McCarroll, PhD, David M. Benedek, MD, Robert J. Ursano, MD

Cluster analysis is a statistical technique to organize (group) large amounts of variables into meaningful groups. It is an exploratory technique that can give numerical results, but cannot provide interpretation of those results.

Grouping ideas together is a basic cognitive process in which we all engage. Without some organizing strategy life would consist of an endless series of unique events leaving us without a mechanism to understand our world. Grouping also may aid prediction, which may be helpful or unhelpful. An example of a helpful process is one in which we can use our cognitive organizing structures to better understand someone; an unhelpful example may be stereotyping in which we perceive a person or an event in a rigid and inaccurate manner.

Cluster analysis is a statistical technique to organize (group) large amounts of variables into meaningful groups. It is an exploratory technique that can give numerical results, but cannot provide interpretation of those results. In other words, it provides a numerical (statistical) structure, but the investigator has to figure out what that structure means by observing which variables are grouped together. There are many different kinds of cluster analysis. Selection should depend upon the type of analysis desired. For example, in exploratory research, the investigator can let the statistics software program determine the clusters. If the investigator is performing theoretical research and wants to see if the data conform to a specific

theory, the number and types of clusters can be specified in advance.

We provide an example of cluster analysis in the work of Jouriles and colleagues (Grych, et al., 2000). They used cluster analysis in their research as a technique to examine whether children of battered mothers differed on demographic variables, children's and mothers' reports of interparental violence, children's reports of parent-child aggression, and children's perceptions and appraisals of interparental conflict. There are two main reasons why they used cluster analysis. First, their study was exploratory research and second, there were many variables to be analyzed. There were 228 children between the ages of 8–14 in the study. Three measures were used for the cluster analysis: children's ratings of their internalizing behavior (anxiety and depression), children's ratings of their self-esteem, and mother's ratings of the children's externalizing behavior problems.

How did they use cluster analysis?

They divided their sample into two groups and conducted separate cluster analyses on each in order to cross-validate their findings. In

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Table 1. Five Clusters of Adjustment of Children of Battered Women

Cluster	Percent of Variance	Pattern of Results
I – No significant maladjustment	31%	Low internalizing problems Low externalizing problems High self-esteem
II – Multi-problem externalizing	19%	Mainly externalizing problems High internalizing problems
III – Externalizing	21%	High externalizing problems High self-esteem
IV – Mild distress	18%	Slightly elevated internalizing problems
V – Multi-problem internalizing	11%	Elevated externalizing problems/ High levels of depression

In this study, cluster analysis demonstrated a reasonable method of organizing the varied patterns of adjustment of children exposed to and responding to interparental violence. The five patterns that emerged provided new information about such children's adjustment.

other words, they ran the cluster analysis on the first group and then ran the same analysis on the second group to see if they got the same results. This is a type of validation procedure that can be used when the sample is large enough to divide. Having these two separate groups saves the investigator from having to collect the same type of data twice. If the two samples yield similar results on the cluster analysis, they can be combined. If not, then the investigator must determine what was different about the two groups and conduct separate analyses.

The clustering procedure was based on children's reports of internalizing problems and self-esteem and mother's reports of externalizing behavior. A five-cluster solution provided the best description of the data based on the amount of variability accounted for (see Table 1). The more variability accounted for, the better the data fit the model. In other words, the procedure that accounts for the most variance leaves less information unclassified. After analyzing and comparing their two sub-samples of data, the results were similar. Therefore they could combine the two samples. The final analysis was based on the total sample.

The first and largest cluster was made up of children who were not exhibiting any signs of

serious maladjustment (31%). Their scores were in the normal range of adjustment and none of the children or their mothers reported clinically significant problems. They also had the highest means on the self-esteem measure. The second group (19%) was labeled "multi-problem externalizing." These children had elevated levels of both externalizing and internalizing problems, but higher externalizing scores than internalizing scores. Only 9% of these children had mean internalizing scores above the clinical cutoff score. Thus, externalizing problems were predominant in this group. The third group (21%) had high externalizing scores, but none had high internalizing scores and their self-esteem was relatively high. The fourth group (18%) was labeled mild distress due to slightly elevated means on the internalizing scale and very low levels of externalizing problems. The fifth and smallest group (11%) was labeled multi-problem internalizing. They were distinguished by high levels of depression and only somewhat elevated externalizing problems.

In this study, cluster analysis demonstrated a reasonable method of organizing the varied patterns of adjustment of children exposed to and responding to interparental violence. The five patterns that emerged provided new information about such children's adjustment.

Websites of Interest

The following websites relate to this issue of *Joining Forces Joining Families*. The first site below addresses statistical concepts and provides information about statistical organization. The other sites provide data about specific findings as related to domestic violence and child maltreatment.

- At <http://www.statsoft.com/textbook/stathome.html> you will find very comprehensive and useful resources on statistical concepts, especially their section on Elementary Concepts in Statistics.
- The University of Florida site, entitled the World Wide Web Virtual Library: Statistics, <http://www.stat.ufl.edu/vlib/statistics.htm>, consists of a worldwide library of sites reporting statistics. These include universities (by continent) as well as on-line educational resources, government statistical institutes, statistical research



groups, institutes and associations, and a variety of related topics.

A major category of statistical information is that of government data.

- The Bureau of Justice Statistics at <http://www.ojp.usdoj.gov/bjs/> provides crime data, which includes family violence incidents.
- The American Bar Association's site on domestic violence <http://www.abanet.org/domviol/stats.html> provides statistics, publications, and research information for the public and attorneys.
- The Children's Bureau at <http://nccanch.acf.hhs.gov/> provides a wide variety of child maltreatment information including an overview of child abuse and neglect, reporting information, publications, statistics and other helpful information.

We are continuing to work on some of our intervention research that involves families identified because of domestic violence and who have co-occurring child abuse. We are trying to reduce parental aggression and the violence that these children are exposed to including aggression that may be occurring between their parents even though the parents are temporarily separated.

Dr. Jouriles Interview, from page 2

children may be abused when they attempt to intervene in episodes of domestic violence.

Dr. Newby: Are there specific patterns of spouse or child abuse that occur in domestically violent families?

Dr. Jouriles: You can find examples of almost any configuration of parents hitting each other and one or both parents hitting the children. It is an area that a lot of people have talked about, but there has not been much research on the subject.

Dr. Newby: Have there been any successful interventions relative to curtailing the co-occurrence of child and spouse abuse in families?

Dr. Jouriles: I am not actually aware of any interventions that have been directly tailored for dealing with co-occurring child and spouse abuse. The *Project Support* intervention that Renee McDonald and I developed and have been evaluating does work with women and children exiting domestic violence shelters. We work on child management skills and have found that there is a reduction in parental aggression towards children as a result of the intervention. Also, women who take part in the intervention are less likely to return to the batterer who was responsible for them seeking shelter. Clearly, there is a need for more research focusing on families with co-occurring child and spouse abuse.

Dr. Newby: Could you comment on the belief that witnessing domestic violence by children should be considered emotional maltreatment?

Dr. Jouriles: From my own research as well as the research of others there is a lot of evidence suggesting that witnessing domestic violence is harmful, and the more violence that is witnessed, the more harmful it is going to be. However, you can also make the argument that parents do a lot of things that are potentially harmful to children and generally should not be not considered child maltreatment. For example, smoking in front of a child could be harmful. In defining child maltreatment where do you draw the line? Witnessing domestic violence is certainly not good for children, but is it really a form of child maltreatment in the same way we think of physical abuse or neglectful parenting? I'm not sure.

Dr. Newby: You seem to be saying that there should be some caution regarding the diagnosis of emotional maltreatment relative to children who witness domestic violence.

Dr. Jouriles: We are starting to do some research on this in our lab. Sometimes I wonder whether a child witnessing a push, grab or shove would be more harmed than the child witnessing yelling and screaming. If we start routinely defining the witnessing of domestic violence as a form of child abuse, I suspect that we would end up getting a lot more child abuse cases and the system would have to be ready to handle the increase.

Dr. Newby: What are your future research plans on the co-occurrence of child and spouse abuse in families?

Dr. Jouriles: We are continuing to work on some of our intervention research that involves families identified because of domestic violence and who have co-occurring child abuse. We are trying to reduce parental aggression and the violence that these children are exposed to including aggression that may be occurring between their parents even though the parents are temporarily separated. Since most of my past intervention research has been done with women and children, I am also interested in working more directly with the men in these families.

Dr. Newby: How would you do that?

Dr. Jouriles: Fathering has received much less research attention than it warrants, particularly fathering by men who engage in violent behaviors. There are some complex issues occurring in some of these families. For example, you may have a man in the family who is abusive towards his partner, but has a warm caring relationship with his children.

Dr. Newby: What has been your experience in trying to reach the husbands and fathers of women and children residing in shelters?

Dr. Jouriles: Given that safety is always a huge concern for women and children in domestically violent families, it is a delicate situation. There are some agencies that primarily work with men in violent relationships. They have encouraged us to start working with them. Doors are being opened to possibly conduct research and develop interventions with abusive husbands and fathers.

Dr. Newby: Thank you for this interview.

considered when attempting to understand relations between children's appraisals of interparental conflict and child adjustment problems. For example, younger children are more likely to blame themselves and feel more threatened and more fearful of abandonment in response to conflict than are older children.

If domestic violence and child maltreatment exist in the family, there is no research that shows that one treatment approach is better than another (Jouriles et al., 2005). An approach has not been demonstrated that is successful in simultaneously treating both domestic violence and child maltreatment.

Jouriles and colleagues raise a number of clinical, legal, and ethical issues in assessing child abuse in a domestically violent family (Jouriles, et al., 2005). If there are children in the family, assessment of domestic violence may uncover child maltreatment, which (by law) necessitates a report to Child Protective Services. In addition, such findings can prompt feelings of intrusiveness and coercion on the part of the parents as well as fear of having a child or children removed from the home and the possibility of legal sanctions against the abuser. Parents may also worry about financial losses due to the removal of a parent or possible loss of income from having to attend treatment or court. Children may worry about whether they had a role in the abuse, fear having a parent taken away or being removed themselves, and the threat of further violence toward them or toward a parent. Clinicians worry about how to work with a family given the requirements of the law as well as their own physical safety should the parental abuse hold the clinician responsible for disruption or breakup of the family.

In a recent publication, Jouriles and colleagues (Jouriles et al., 2005) conclude that:

- 1) Children in domestically violent families are at increased risk for physical child abuse compared to children in homes without domestic violence.
- 2) The most typical pattern of co-occurrence of child and spouse abuse appears to be one in which the adult partners are mutually aggressive and one or both of the adults maltreats the children.
- 3) Assessment for child abuse in physically violent families is prudent for both treatment planning and prevention of further violence.
- 4) Assessment is best conducted when there are well-developed policies to assist both clinicians and clients in avoiding pitfalls of such assessment in the process of domestic violence services.

Assessment is best conducted when there are well-developed policies to assist both clinicians and clients in avoiding pitfalls of such assessment in the process of domestic violence services.

Editor's note: The research presented here by Jouriles and colleagues was conducted on women and children in domestic violence shelters and involved severe interparental and parent-to-child maltreatment. The investigators point out that it is not clear whether or in what circumstances the results of this research can be applied to other populations of parents and children. Nevertheless, their work has been thoughtful, and deals with a problem (co-occurrence of domestic violence and child maltreatment) that

affects the military services as well as the larger U.S. society. The reader must be careful about generalizing these results to non-shelter populations. However, we believe that their work deserves consideration for its results and recommendations, particularly for assessment, prevention, and intervention in situations in which both child and spouse maltreatment occur.

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